



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2016 DEC 20 AM 10:55

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>98666</u>		2. Exact name of the Limited Liability Company <u>SPECIALTY MERCHANDISE, LLC</u>			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island <u>SALE OF SPECIALTY MERCHANDISE</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>2 ASYLUM ROAD</u>		City <u>NORTH PROVIDENCE</u>		State <u>RI</u>	Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>D. JOSEPH D'AMICO</u>			Contact Title <u>ATTORNEY</u>		
Street Address <u>728 VALLEY STREET</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person <u>Anthony Caccia</u>				Date <u>12-19-2016</u>	
Signature of Authorized Person <u>Anthony Caccia</u>				SIGN DOCUMENT HERE	

FILED ✓

DEC 20 2016

BY CH 291251
10:55

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov